Application or Docket Number

10/511516

		OLAMIS	AS FILED	- PARTI		SMALL E	MTITV		0-11-	
⊢			(Colum	nn 1)	(Column 2)	TYPE		OR	OTHEI SMALL	
TOTAL CLAIMS					RATE	FEE	7.	RATE	Τ	
FOR		NUMBER FILED		NUMBER EXTRA	BASIC FEE	<del> </del>	OR	BASIC FEE	1	
TOTAL CHARGEABLE CLAIMS					168	X \$ 9 =	<del>                                     </del>	OR		ť
NDEPENDENT CLAIMS			7	minus 3 = .	4	X \$ 44 =	<del> </del>	OR		E
MULTIPLE DEPENDENT CLAIM PF			PRESENT -	······································		+ \$ 150 =	<del> </del>	OR	<del> </del>	1
* If the difference in column 1 is less than zero, enter "0"					in column 2	TOTAL		OR	+ \$ 300 =	F
	C	LAIMS AS	AMENDE	D - PART II			L	] ",		4
		(Column 1)		(Column 2		SMALL	ENTITY	OR	OTHER SMALL	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	i
AMENDMENT	Total	*	Minus	**	=	X \$ 9 =		OR	X \$ 18 =	Γ
	Independent	<u> </u>	Minus	***	=	X \$ 44 =		OR	X \$ 88 =	r
	FIRST PRESE	NTATION OF I	MULTIPLE DEF	PENDENT CLA	IM 📗	+ \$ 150 =		OR	+ \$ 300 =	r
						TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	T
	i ,	(Column 1)		(Column 2)	(Column 3)	PARTS STATES OF STATES	Miles Comp. Parket	ugus nuer		
ENT 8		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	T
2		MICHUMENT		PAIDFOR					1	1
	Total	*	Minus	##	=	X \$ 9 =		OR	X \$ 18 =	
ביירועטואורוא ו מ	Total Independent	*	Minus Minus	<del> </del>	=	X \$ 9 = X \$ 44 =		OR OR	X \$ 18 =	
אואבאטשבאן מ		•	Minus	**	=					
AMENOMERIC	Independent	•	Minus	**	=	X \$ 44 =		OR OR	X \$ 88 = + \$ 300 =	
AMENDMENIB	Independent	* NTATION OF M	Minus	PENDENT CLAI	= IM	X \$ 44 = + \$ 150 =		OR OR	X \$ 88 = + \$ 300 =	
AMENDMEN	Independent	* NTATION OF N	Minus	*** PENDENT CLAI	(Column 3)	X \$ 44 = + \$ 150 =	ADDI- TIONAL FEE	OR OR	X \$ 88 = + \$ 300 =	A TI
AMENDIMEN	Independent FIRST PRESE	*  (Column 1)  CLAIMS  REMAINING  AFTER	Minus	(Column 2) HIGHEST NUMBER PREVIOUSLY	(Column 3)	X \$ 44 = + \$ 150 = TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR	X \$ 88 = + \$ 300 = TOTAL ADDIT. FEE	, F
CINICIACINICIA	Independent FIRST PRESE	*  (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT	Minus AULTIPLE DEF	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	X \$ 44 = + \$ 150 = TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR OR	X \$ 88 = +\$ 300 = TOTAL ADDIT. FEE	, F
AMENDMEN	Independent FIRST PRESE Total	*  (Column 1)  CLAIMS REMAINING AFTER AMENDMENT  *	Minus  //ULTIPLE DEP  Minus  Minus	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	X \$ 44 = + \$ 150 = TOTAL ADDIT. FEE  RATE  X \$ 9 =	ADDI- TIONAL	OR OR OR OR	X \$ 88 = +\$ 300 = TOTAL ADDIT. FEE  RATE  X \$ 18 =	, F